

SAMPLE WORKSHEET

Teen Pregnancy Prevention Program			
Contractor Itemized Expenditure Report			
SAMPLE			
Contractor:			
Reporting Period:			
Account Classification/ Supplier	Type of Expense	Current Month Itemized Amount*	Current Month CER Billing
<b>Personnel</b>			<b>2,000.00</b>
Joe Blow	Salary	1,000.00	
Jane Doe	Salary	1,000.00	
<b>ERE</b>			<b>800.00</b>
FICA	Taxes	300.00	
Worker's Comp	Taxes	500.00	
<b>Professional &amp; Outside Services</b>			<b>500.00</b>
JP & Associates	Health Education	500.00	
<b>In-State Travel Expenses**</b>			<b>450.00</b>
Jane Doe	Mileage	50.00	
Joe Blow	Mileage	50.00	
Quarterly Meeting in Phoenix	Mileage, hotel, per diem	350.00	
<b>Out-of-State Travel Expenses**</b>			<b>1,500.00</b>
Jane Doe	Health Ed Conf - DC	1,500.00	
<b>Operating Expense***</b>			<b>665.00</b>
Office Depot	Supplies	40.00	
Too Clean Janitorial Service	Janitorial	100.00	
ETR & Associates	Curricula	525.00	
<b>Indirect</b>			<b>3,000.00</b>
<b>Total CER</b>			<b>8,915.00</b>
*All receipts supporting CER billing must be submitted as indicated on schedule attached.			
* *Travel receipts and travel reimbursement forms must be submitted monthly for travel expense being billed.			
***Receipts for equipment purchases must be submitted when billed.			